

EXHIBIT 3

In Re: Flat Glass Antitrust Litigation (II)
Claims Administrator
PO Box 3266
Portland, OR 97208-3266

RESPONSE DUE DATE:
POSTMARKED NO LATER
THAN MONTH DD, 2011

<<Mail ID>>
<<Name>>
<<Address>>
<<City, State Zip Code>>

CLAIM FORM

In re Flat Glass Antitrust Litigation (II)

Settlements have been reached in a class action lawsuit alleging antitrust claims against the following manufacturers of Construction Flat Glass: Pilkington North America, Inc., Pilkington Holdings Inc., Guardian Industries Corp., AGC Flat Glass North America, Inc. and PPG Industries, Inc. (collectively, "Defendants"). If you purchased Construction Flat Glass products directly from any of the Defendants between July 1, 2002 and December 31, 2006, you may be eligible to receive a share of the settlement proceeds. This Claim Form must be completed and returned by any Class Member who seeks payment from any of the settlements. Please refer to the General Instructions on page 5.

IMPORTANT NOTICE: IN ORDER FOR A CLASS MEMBER TO RECEIVE A SHARE OF THE SETTLEMENT FUND, PURSUANT TO THE PLAN OF DISTRIBUTION DESCRIBED IN THE NOTICE, A COMPLETED, SIGNED, AND CERTIFIED PROOF OF CLAIM MUST BE RETURNED TO THE CLAIMS ADMINISTRATOR, POSTMARKED NO LATER THAN MONTH DD, 2011, AT THE FOLLOWING ADDRESS:

In Re: Flat Glass Antitrust Litigation (II)
Claims Administrator
PO Box 3266
Portland, OR 97208-3266

IF YOU WANT PROOF THAT THE CLAIMS ADMINISTRATOR RECEIVED YOUR CLAIM FORM, YOU SHOULD SEND IT IN A WAY THAT WILL PROVIDE YOU WITH A RECEIPT OF DELIVERY, SUCH AS A UNITED STATES POSTAL SERVICE RETURN RECEIPT. THE CLAIMS ADMINISTRATOR WILL ONLY PROCESS CLAIM FORMS THAT IT ACTUALLY RECEIVES.

THE COMPLETED CLAIM FORM AND THE INFORMATION IT CONTAINS WILL BE TREATED AS CONFIDENTIAL AND WILL BE USED SOLELY FOR PURPOSES OF ADMINISTERING THIS SETTLEMENT.

If, after reviewing this Proof of Claim, you need additional assistance, you may contact the Claims Administrator at 1(877) 273-9532.

ACCURATE PROCESSING OF CLAIMS MAY TAKE SIGNIFICANT TIME.
THANK YOU, IN ADVANCE, FOR YOUR PATIENCE.

01-CA1631 v.2

2D
Barcode

Case 2:08-mc-00180-DWA Document 268-4 Filed 01/06/11 Page 3 of 6
Please Type or Print in the Boxes Below; Do NOT use Red Ink, Pencil, or Staples**SECTION A - Claimant Information**

First Name of Class Member

Last Name of Class Member

Principal Address

City

State

Zip Code

Name of Person to contact about this Claim Form

Telephone Number

 - -

Fax Number (if any)

 - -

Federal Employer Identification Number (FEIN)

 -

Email Address

Check the box for each year in Business from July 1, 2002 to December 31, 2006:

☐ 2002 ☐ 2003 ☐ 2004 ☐ 2005 ☐ 2006

Check the box for each year you purchased Construction Flat Glass from AGC Flat Glass North America, Inc., Guardian Industries Corp., Pilkington North America, Inc., Pilkington Holdings Inc., or PPG Industries, Inc. from July 1, 2002 to December 31, 2006:

☐ 2002 ☐ 2003 ☐ 2004 ☐ 2005 ☐ 2006

Any other names by which you have been known, including the FEINS, since July 1, 2002.

SECTION B - Information Necessary to Calculate a Class Member's Claim

As described in the Notice, each Class Member's claim is based on the amounts such Class Member paid for purchases of Construction Flat Glass directly from AGC Flat Glass North America, Inc., Guardian Industries Corp., Pilkington North America, Inc., Pilkington Holdings Inc., or PPG Industries, Inc. (the "Defendants"), or any of their subsidiaries, any time during the period July 1, 2002 to December 31, 2006 (the "Class Period"). "Construction Flat Glass" for purposes of this Claim Form means flat glass formed through the "float" process for use in the construction or architectural sector, which includes but is not limited to coated flat glass, clear and tinted float glass, low emissivity glass (i.e. glass coated with thin metal or metallic oxide layers to improve its insulating qualities) laminated glass, and unprocessed mirror glass.

For your convenience, provided below are the total net purchase amounts, separated by year (including energy surcharges, and net of credits, returns and allowances) of Construction Flat Glass it appears that you purchased from AGC Flat Glass North America, Inc., Guardian Industries Corp., Pilkington North America, Inc., Pilkington Holdings Inc., or PPG Industries, Inc. for delivery or pick-up in the United States based on available electronic transaction data from Defendants. You may choose to rely on the amount(s) listed by the Claims Administrator to determine your net purchases throughout the Class Period and accordingly, your pro rata share of the Net Settlement Fund. If you want to rely on the amounts listed on your Claim Form, you should check the appropriate box below.

The purchase information listed on your Claim Form was derived from electronic transactional data Plaintiffs received from AGC Flat Glass North America, Inc., Guardian Industries Corp., Pilkington North America, Inc., Pilkington Holdings Inc., or PPG Industries, Inc. PPG was unable to provide Plaintiffs with surcharge data in electronic form from July 1, 2002 through December 31, 2003. Accordingly, if you purchased Construction Flat Glass from PPG from July 1, 2002 through December 31, 2003, you may supplement your claim by listing the purchases in the chart below and submitting (with this claim form) proofs of purchase (such as invoices, purchase orders, cancelled checks, etc.). Additionally, if you believe that any of the purchase information listed in the chart below is incorrect, you may list your purchases by year and by Defendant and provide proofs of purchase (such as invoices, purchase orders, cancelled checks, etc.). If you want to supplement the information listed for you, you should check the appropriate box below and provide the required supplemental information.

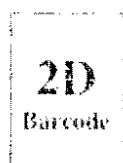
02-CA1631

| YEAR | AMOUNT OF AGC Flat Glass North America, Inc. PURCHASES | If amount is different from information on left, fill in the amount. |
|--------------------------------|--|--|
| 2002 (starting with July 1) | | |
| 2003 | | |
| 2004 | | |
| 2005 | | |
| 2006 | | |

| YEAR | AMOUNT OF Guardian Industries Corp. PURCHASES | If amount is different from information on left, fill in the amount. |
|--------------------------------|---|--|
| 2002 (starting with July 1) | | |
| 2003 | | |
| 2004 | | |
| 2005 | | |
| 2006 | | |

| YEAR | AMOUNT OF Pilkington North America, Inc. or Pilkington Holdings, Inc. PURCHASES | If amount is different from information on left, fill in the amount. |
|--------------------------------|---|--|
| 2002 (starting with July 1) | | |
| 2003 | | |
| 2004 | | |
| 2005 | | |
| 2006 | | |

| YEAR | AMOUNT OF PPG Industries, Inc. PURCHASES | If amount is different from information on left, fill in the amount. |
|--------------------------------|--|--|
| 2002 (starting with July 1) | | |
| 2003 | | |
| 2004 | | |
| 2005 | | |
| 2006 | | |



NOTE: If you are not supplementing or changing the purchase data above, you do not need to attach any additional information. You should still, however, retain all business records (such as invoices, purchase orders, cancelled checks, etc.). In the event your claim is audited, you will be asked to provide the Claims Administrator with information to support your claim.

OPTION 1:

☐ THE CLAIMS ADMINISTRATOR SHOULD USE THE PURCHASE INFORMATION THAT IS LISTED ABOVE TO PROCESS MY CLAIM

OPTION 2:

☐ THE CLAIMS ADMINISTRATOR SHOULD USE THE PURCHASE INFORMATION THAT IS LISTED ABOVE TO PROCESS MY CLAIM AND IN ADDITION THE SUPPLEMENTAL INFORMATION THAT IS BEING PROVIDED FOR PURCHASES OF CONSTRUCTION FLAT GLASS FROM PPG FROM JULY 1, 2002 THROUGH DECEMBER 31, 2003

OPTION 3:

☐ THE CLAIMS ADMINISTRATOR SHOULD NOT USE THE INFORMATION THAT IS LISTED ABOVE TO PROCESS MY CLAIM BUT SHOULD ONLY USE THE INFORMATION BEING PROVIDED WITH THE CLAIM FORM

IF YOU SELECT EITHER OPTION 2 OR OPTION 3 BE SURE TO PROVIDE DOCUMENTATION OF YOUR PURCHASES OF CONSTRUCTION FLAT GLASS DIRECTLY FROM DEFENDANTS DURING THE CLASS PERIOD OF JULY 1, 2002 TO DECEMBER 31, 2006 TO SUPPORT YOUR CLAIM.

By signing below, I hereby swear and affirm that: (1) I have authority to submit this Claim Form; (2) the information contained in this Claim Form and any attachments is true and accurate, based on records maintained by or otherwise available to me; (3) I hereby submit to the jurisdiction of the United States District Court for the Western District of Pennsylvania (the "Court") for all purposes associated with this Claim Form including resolution of disputes relating to the Claim Form; and (4) I am NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

NOTE: If you have been notified by IRS that you are subject to backup withholding, please strike out the language in clause (4) above that you are not subject to backup withholding in the certification above.

I acknowledge that any false information or representation may subject me to sanctions including the possibility of criminal prosecution. I hereby agree to supplement this Claim Form by furnishing documentary proof for the information provided, upon request of the Claims Administrator.

Print Name _____

Capacity or Title

[illegible]

Signature

Date _____

$$\begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array}$$

M M D D Y Y

UPDATE INFORMATION

DO NOT COMPLETE THIS SECTION IF THE PREPRINTED INFORMATION ON THE FIRST PAGE IS CORRECT

First Name

[illegible]

M

Last Name

[illegible]**Mailing Address**[illegible]

City

[illegible]

State

Zip Code

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

GENERAL INSTRUCTIONS

1. **Authorized Claimant:** This Claim Form must be signed and verified by the claimant or a person authorized to act on behalf of the claimant.
2. **Third-Party Solicitors:** There are companies that may contact Class Members upon learning of a pending class action distribution and offer to help Class Members file claim forms in exchange for a share of the money that the Class Members may ultimately recover or for other compensation. Please be advised that you do not need to use one of these companies in order to file a Claim Form. Assistance is available from the Claims Administrator at no cost to you.
3. **Submission of Claim:** This Claim Form may be submitted by first-class mail, or it may be completed and submitted online at www.flatglasslitigation.com. If you mail the Claim Form, it must be postmarked by Month DD, 2011 and addressed to: In re Flat Glass Antitrust Litigation (II); Claim Administrator; PO Box 3266; Portland, OR 97208-3266. If you complete and submit the Claim Form online, it must be submitted by Month DD, 2011. If you fail to mail a timely, properly addressed Claim Form or to submit a timely online Claim Form, your claim may be rejected and you may be precluded from any recovery from the settlements. Do not send a Claim Form to the Court or to any of the parties or their counsel.
4. **Completion of Claim Form:** Please type or neatly print all requested information. Failure to complete all parts of the Claim Form may result in denial of the claim, may delay processing, or may otherwise adversely affect the claim.
5. **Verification:** The Claims Administrator is authorized to request from persons or entities submitting claims forms any documentation necessary to verify all information appearing in the claim form or to prevent consideration of duplicate claims submitted by a class member. Failure to provide such information in response to such request may constitute grounds for rejection of the proof of claim.
6. **Claims of Single Entities:** Even if you belong to more than one of the classes described in the Notice, you need only submit one Claim Form. The Claims Administrator will determine the classes in which you qualify and the settlements from which you will receive proceeds.
7. **Assistance:** If you have questions about your claim, you may contact the Claims Administrator at the above address or at 1(877) 273-9532. You may also contact your own attorney or other person to assist you, at your own expense.
8. **Keep a Copy:** For your records, keep a photocopy of your completed Claim Form. You should also retain any and all documents and records you may have concerning purchases of Construction Flat Glass products in the United States during the period July 1, 2002 through December 31, 2006.
9. **Changes of Address:** Keep the Claims Administrator advised of any change in your current mailing address.

If you have any questions or concerns regarding your claim, please contact the Claims Administrator at:

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